

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -9 PM 5:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000024700

1. Corporation Name

ZEVO URBANWEAR INC

2. Principal Office Address

5100 N 9TH AVE

3. Mailing Office Address

SAME AS OFFICE ADDRESS

Suite, Apt. #, etc.

SUITE L-1105

Suite, Apt. #, etc.

City & State

PENSACOLA FL

City & State

Zip

32504

Country

Zip

Country

ESCAMBIA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number
35-2176393

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

600030123116
03/09/04--01061--024 **300.00

7. Name and Address of Current Registered Agent

Name

DANIEL KHALED

Street Address (P.O. Box Number is Not Acceptable)

5100 N 9TH AVE

Suite, Apt. #, Etc.

SUITE L-1105

City

PENSACOLA

State
FL

Zip Code
32504

REINSTATEMENT

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

2/23/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	DANIEL KHALED	6026 THISTLEDOWN DR	PENSACOLA FL 32505
V/D	HANADI KHALED	6026 THISTLEDOWN DR	PENSACOLA FL 32505

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/23/04 850-232-5599

Daytime Phone #

CR2E081 (01/04)